Approved for use through 7/31/2006, OMB 0651-0032

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October 1 2004 Substitute for Form PTO-875								Application of Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL							NTITY	OR	OTHER SMALL	
FOR NUMBER FILED NUMBER I					RATE	FEE	-	RATE	FEE	
BASIC FEE						, <u>395</u>	OR		.190	
TOTA	37 CFR 1.16(a)) FOTAL CLAIMS					x 5 9 =		OR	x s 8 = -	;
·	FR 1.16(c)) PENDENT CLAIM	is -	minus 20					OR -	x \$85 =	
	37 CFR 1.16(b)) minus 3 =					× 44 =		l Or		
MUL.	TIPLE DEPENDEN	NT CLAIM PRESEN	т (37	7 CFR 1.16(d))		+ s <u>130</u> =	·	OR	+:300=	
• If th	ne difference in c	olumn 1 is less that	n zero, ent	er "0" in column 2	2.	TOTAL		OR.	TOTAL	
	Cl	AIMS AS AME	NDED -	- PART II				`	OTUE	R THAN
-	(Column 1) (Column 2) (Column 3)				(Column 3)	SMALL E	NTITY	OR -		ENTITY
ΑT		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL- FEE
N N	Total	AMENDMENT	Minus	PAID FOR	= -	9		1	x \$ /8_=	
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Ē	Independent (37 CFR 1.16(b))	\mathcal{J}	Minus	9		x 444 =		OR	X \$ 00 =	,
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$150=		OR	+500=	ļ <u> </u>
						TOTAL ADD'L FEE	Į.	OR ·	ADD'L FEE	
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		(Column 1)		(Column 2) HIGHEST	(Column 3)	Γ		7 ;		ADDI-
B F		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL
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ENDMENT	(37 CFR 1.16(c)) Independent	•	Minus	***	=	x \$ 44 =		OR	x \$88 =	_
AME	(37 CFR 1.16(b))	l	<u></u>		<u> </u>	150		OR	+,300=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$/30 =	 		TOTAL	1
						ADD'L FEE	L	OR	ADD'L FEE	L
		(Column 1)		(Column 2)	(Column 3)			_	·	
C	1	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
MENT	Total	AMENDMENT	Minus	PAID FOR	=	9		OR	x \$ /8 =	
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END	Independent (37 CFR 1.16(b))	<u> </u>	Minus	<u></u>		x s=	 -	OR	 	+
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ <u> 50 =</u>	ļ	OR	+ s300 =	
⋖										

* If the entry in column 1s less than the entry in Column 2, with 6 % of which is the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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